



Norwood Day

Stage Entry Form

GROUP CONTACT INFORMATION

Group Contact Name: _____

Contact Number: _____ E-Mail: _____

Group/Company: Name: _____

ACT INFORMATION

What Kind of Act Will You Be Doing: _____

Tell Us A Little Bit About Your Act: _____

Are you aware 20 minutes is the alluded time for these acts: Y / N

If Yes, Will That Be a Problem?: _____

Will You Bring Your Own Music (DJ Will be Provided): Y / N

Office Use Only:

Office Approval: _____

Time Slot: _____

Date: _____